The MassHealth Application

A Survival Guide for SHINE Counselors







Contents



- ı. Preparation
- II. Completing and Submitting Application
- III. Follow-up
- IV. Other Tips
- v. Forms

I. Preparation



Do I Need to Complete an Application?



- In some cases, a new application may not be required
- If 65+
 - and denied for lack of verification within past 30 days, applicant only needs to submit the missing verification
 - and denied for excess assets within 60 days, applicant only needs to submit verification that assets have been reduced
- If applicant is <65
 - Only 1 application is required per year
 - If applicant has submitted application within a year, do not fill out a new application. Submit any necessary changes/corrections/updates needed to establish eligibility
- Otherwise, complete a new application
- Don't waste your time filling out unnecessary applications!

Applicant's Responsibilities



- Members must notify MassHealth within 10 days of any changes in
 - Income
 - Assets
 - Health insurance
 - Disability status
 - Immigration status
 - Address
- Other health insurance
 - Members must apply for and enroll in any health insurance available to them at no cost, including Medicare
 - Members must keep Medicare if they already have it
- Correct information
 - Members must provide accurate information
 - Misinformation provided by member (or someone acting on member's behalf) may result in fines, imprisonment, or both

Estate Recovery Questions



- Clients often have concerns regarding MassHealth's estate recovery practices
- MassHealth does have the right to recover funds from a person's estate once they have passed away with several exceptions
- Some exceptions:
 - No estate recovery for benefits received under 55 y.o. (except nursing home)
 - Member only received an MSP benefit
 - Member only received Commonwealth Care
 - Delayed if deceased member leaves behind a spouse
 - Delayed if deceased member leaves behind a child who is blind, permanently and totally disabled, or under 21
- "Take home message": MassHealth may utilize estate recovery after a member dies, but will abstain if recovery would impact a surviving spouse or dependent child.
- MassHealth Estate Recovery regulations can be found at 130 CMR 501.013, 515.011, and 515.012.

Anticipated Verifications



- If possible, review income and assets with client prior to meeting
- Give client a "MassHealth Application Checklist"
- Providing all the necessary verifications with the application can greatly decrease the time it takes to receive a decision
- Under law, financial institutions cannot charge seniors for copies of bank or other financial records if MassHealth is asking for them
- Verifications should be dated within the past 45 days

II. Completing and Submitting the Application



The Application Process



- Complete the application with any necessary supplements
- 2. Collect necessary verifications
- 3. Submit application with verifications
- 4. Respond to information request (VC letter)
- 5. Receive decision

Which Application Do I Use?



Benefit Form(s) 65+; not in a nursing home; wants MassHealth, Senior Medical Benefit Request Commonwealth Care, or Health Safety Net Senior Medical Benefit Request and Any age; in nursing home; wants MassHealth Long Term Care Supplement Senior Medical Benefit Request and 60+; not in nursing home; wants Home and Community Based Waiver (Frail Elder) Long Term Care Supplement Couple (<65 and 65+); any living situation; wants MassHealth, Commonwealth Care, or Health Senior Medical Benefit Request Safety Net Any age; any living situation; wants Buy-in only MassHealth Buy-in application 65+; not in nursing home; wants CommonHealth as Medical Benefit Request a working disabled adult 65+; not in nursing home; parent or legal guardian to Medical Benefit Request Under 65; not in nursing home; wants MassHealth, Medical Benefit Request Commonwealth Care, or Health Safety Net

Tips for Completing Application

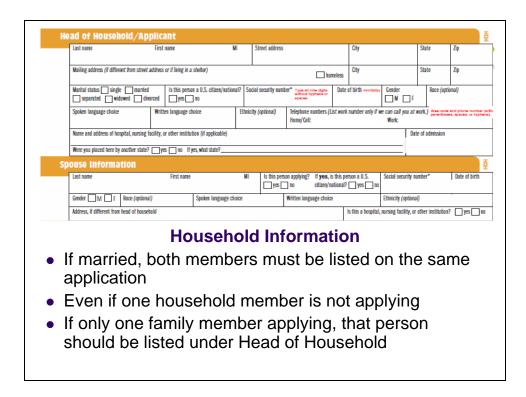


- Review every section with the applicant
- Do not assume
- May reveal important information that was not previously mentioned
- Make sure application is filled out in its entirety

Senior Medical Benefit Request

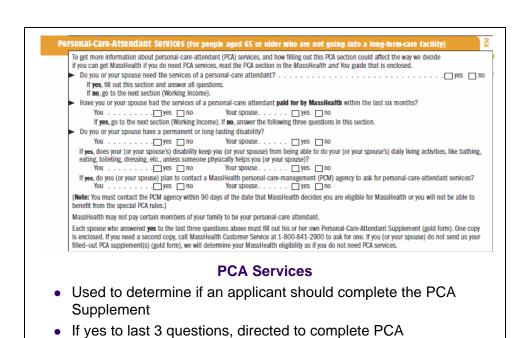


u MUST answer ALL three questions in the following section.
Are you or your spouse applying for: 1. MassHealth or the Health Safety Net while still living at home, in a rest home, in an assisted-living facility, a continuing-care retirement community, or a life-care community?
If you are applying for or getting long-term-care <u>services at</u> home under the Home- and Community-Based Services Waiver, or in a nursing home or chronic hospital, you must also fill out all or part of the blue sheet (Supplement A: Long-Term-Care Questions) at the end of this application.
Level of Care Used to determine the type of benefit applying for
Living at home
Home and Community Based Services Waiver (Frail Elder)
• PACE
• SCO



Previous Medical Bills	R A
▶ Do you or your spouse have bills for medical services you got in the	Do you or your spouse want to apply for MassHealth
three months before the month we got your application? ☐ yes ☐ no	for that time period?
If yes , fill out the rest of this section. We may be able to pay for these bills.	If yes , what is the earliest date for which you need MassHealth?
If no , go to the next section (Previous Assistance).	(You must give us proof of all income and assets owned during that time period.
Retroactive	Coverage
 For applicants 65+, MH car 	provide retroactive
coverage up to 3 mos. from	date of application

- This section signals to MEC worker that applicant needs retroactive coverage
- Applicant must provide income and asset verifications spanning the retroactive period



	ame				
Is this person currently working or seasonally employed? (You must answer this question.)				□yes □n	
 Has this person worked i If yes, how much did th you MUST enter a dolla 	wo questions below. You do not have t in the last 12 months before the date lis person earn in the last 12 months l ar amount on this line. \$ ction (Nonworking Income).	e of application?		to this	yes n question,
Employer Information					
Employer name, address, and telephon	e number	Type of work (Check all that	st apply.) day labor		For office use only (Indicale weekly, blweekly, seminanthy, or monthy)
		part-time	seasonal yearly wage: \$		5
		self-employed	sheltered workshop yearly wage: \$		\$
Number of hours per week	Weekly pay before deductions		Date began getting this amount of pay	HID	HIS.
	ed that would cover doctors' visits an				Hrs.
		And the second s	x months?		
The state of the s	e a copy of two recent pay stubs. If self		11	on abo	out the needed proo
If you answered no to the Send proof of income, like	e a copy of two recent pay stubs. If self	ng Inco	me		nut the needed proc
If you answered no to the Send proof of income, like	Working licate pages	ng Inco	me		ou the needed proc
Make dup	Working licate pages	ng Inco if more	me than 1 job i	n	

Working Income Verification



Type of work	Acceptable verification (*recommended method)
Employee of company	Percent letter signed by employer stating gross pay and number of hours worked In rare cases, a W-2 form may be requested
Self-employed	Most recent federal 1040 form with all attachments (including Schedule C and/or E)* Current signed profit and loss statement
Other work used to qualify for CommonHealth	Current letter signed by employer stating gross pay and number of hours worked* 2 weeks of paystubs (gross pay)

D.	the linears				
Re	ental Income 2				
•	Do you or your spouse get rental income? (You must answer this question.)				
	If yes, fill out this section. Name(s):				
×	Send proof of current rental income, like a written statement from each tenant or a copy of the lease, or a current federal tax return.				
	Send proof of all of the following expenses, if applicable, for the last 12 months:				
	 mortgage				
•	What type of real estate do you own?				
	one-family three-family other (describe):				
•	How much monthly rental income do you get from each rental unit from the real estate indicated above?				
	(List each rental unit and address separately.)				
	Address Unit # Amount \$ Owner-occupied?				
	Address Unit # Amount \$ Owner-occupied?				
	Do you pay for heat and/or utilities for your tenant?				
	Rental Income				
	 Applicant must provide verification of both rent amount and 1 yr 				
	of expenses				
	·				
	 Verification of rent amount can include statement from tenant(s), 				
	copy of lease, or federal tax return				
	 Verification of expenses should include a year's worth of 				
	bills/invoices				
	 The net profit/loss from the rental property is countable 				

kre you or your spouse getting an unemployment check? (You must answer this question.) yes 🗆 no
If yes, fill out this section and answer all questions. If no, go to the next section (Other Nonworking Income).
s this check from the Commonwealth of Massachusetts?
f yes, in the 12 months before this person became unemployed, did this person work for an employer in Massachusetts? (Do not include federal employers, like the U.S. Postal Service.) You yes no vour spouse yes no inter the monthly amount of unemployment benefits (before taxes and deductions). Send proof of unemployment benefits.
Unemployment Benefits
 Acceptable verification includes a copy of an unemployment stub or a letter from Division of Unemployment Insurance (DUI)
 Must show gross benefit rate
 Someone receiving or eligible for unemployment benefits is eligible for subsidized health insurance through DUI called the Medical Security Program (MSP).
 If applying for Commonwealth Care, must provide a denial notice from MSP.

Other Nonworking Income						
➤ Do you or your spouse have any other income? (You must answer this question.)						
Please describe the source of the income (where it comes from) for you and your spouse. If you or your spouse have more than one source, list on separate lines.						
Send proof. Some types of other income are: (You do not have to send proof of social security or SSI income.) - alimony - dividends or interest - social security - veterans' benefits (federal, state, or city) - annutities - pensions - SSI - workers' compensation - child support - retirement - trusts - other (Please describe below.)						
Name	Type of income (all that apply from list above)	Source (where the income comes from)	Monthly amount before taxes	For office use only		
			\$			
			\$			
			\$			

Other Nonworking Income

- Do not need to provide social security income verification—can be obtained by MH through match
- MH requests gross amount (before taxes or deductions)

Other Nonworking Income Verifications



Type of Income	Acceptable Verification
Alimony	Letter from ex-spouse Court document
Annuity	Check stub Annuity contract Letter from company
Child Support	Letter from parent paying support Printout of DOR record Court document
Dividends or Interest	Letter from financial institution Federal tax forms (1040 & Schedule B or 1099)
Pensions	Pension stub Letter from pension source
Retirement	Federal tax forms Letter from financial institution
Trusts	Records/statements from financial institution
Worker's Compensation	Copy of stub Letter from company

Veterans Benefits Verification



- Verification should be in the form of a letter from the source (municipal or federal government)
- Letter should state the type of benefit and the gross amount
- Some veterans benefits are countable and some are non-countable
- If non-countable, include notification of this with the document
- Non-countable types include:
 - Aid and attendance
 - Those that are based on need and provided by municipality

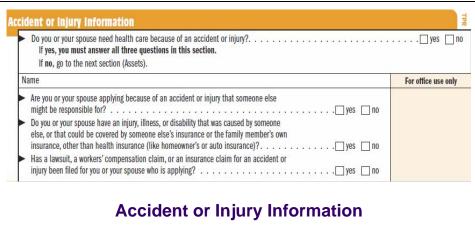
► A	re you or your spouse a college student? (You must answer this question.)
Name	
► A ► A	re you or your spouse eligible for health insurance from college?
IN.	
	College Student
•	
•	College Student
•	College Student Aids in determining eligibility for Commonwealth Care Mass. College students that are at least 75% FT are eligible for student health insurance through school and therefore

Health Insurance





- Be sure to include all policies, including dental, vision, pharmacy
- All types of health insurance policies can be used to meet spend-down or as deduction for nursing home patient pay amount
- Verify in the form of a recent premium bill



 "Yes" to any of these questions and applicant will be required to complete the Third Party Recovery forms before being approved for benefits



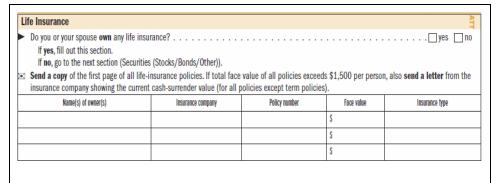


ets					
If you live in the or you must tell us a If you are applyin	is for each asset you and/or your significant size on the path with about any open and closed accoung for long-term care, you must also use at home, you also need to fill.	medical bills up to to its for that period. In give us information	about all assets you		
Bank Accounts					
money-market, and p Do you or your spous or pension funds? . Have you or your spo you had owned jointh If you answered yes If you answered no Send a copy of your s	have any bank accounts or certifersonal needs allowance (PMA) ac e have any retirement accounts, in use or a joint owner closed any ac- with anyone else? to any of these questions, fill out to all of these questions, go to the hassbooks updated within 45 days about financial institutions charge.	counts?	tirement accounts (IR) months, including an arance). or current account sta	As), Keogh, ny accounts	
Name on account	Name of bank/institution	Str. orpina in anni	Account number		Account type
Current balance S	Balance on admission date*	Account open	Date account doted	Amount on the date	accent closed
Name on account	Name of bank/inclination		Acoust number		Acoust type
Current balance S	Balance on admission date" S	Account opes Account closed	Date account desed	Amount on the date 5	account closed
Name on account	Name of bank/institution	A CONTRACTOR OF THE PARTY OF TH	Account number		Account type
Cerrent balance S	Balance on admission date" S	Account open	Date account closed	Amount on the date S	book hucos
Name on account	Name of bank/excitation		Acoust number		Acoust type
Current balance	Balance on admission date*	Account open	Date account dosed	Amount on the date	account closed

Bank Accounts

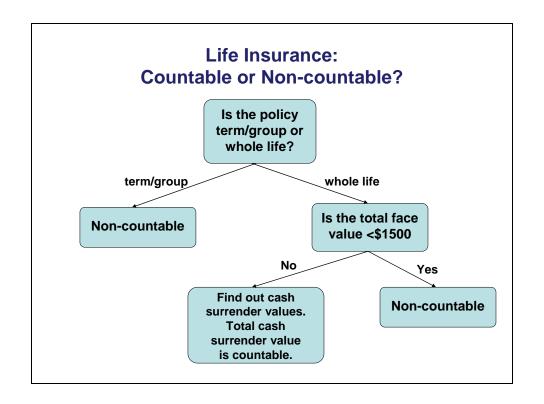


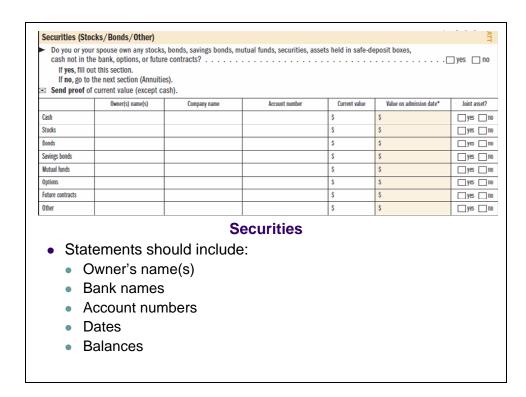
- Provide most recent account statement
- Statements should include:
 - Account holder name(s)
 - Bank name
 - Account number
 - Dates
 - Balances
- Must include accounts that are jointly owned with others
- Per official policy, bank statements are not acceptable forms of income verification
- If requesting retro, provide statements for entire retro period
- If applying for nursing home coverage, MH may request statements from up to the past 60 months
- If applying for nursing home coverage, may be asked to verify large withdrawals (cancelled checks, receipts, etc.)

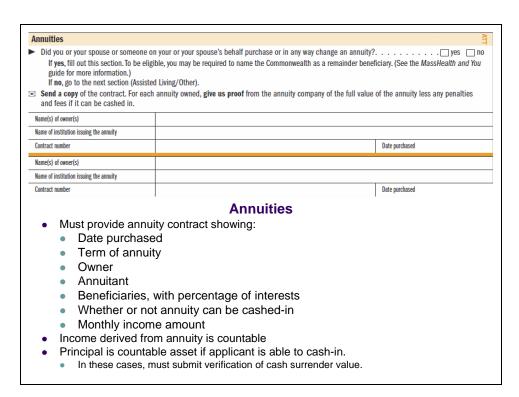


Life Insurance

- For all policies:
 - Owner's name
 - Face value
 - Verify if policy has a cash surrender value
- If total face value of all countable policies exceeds \$1500, provide verification of cash surrender value for all policies
- If ownership and beneficiary of a policy is transferred to a funeral home, policy is non-countable





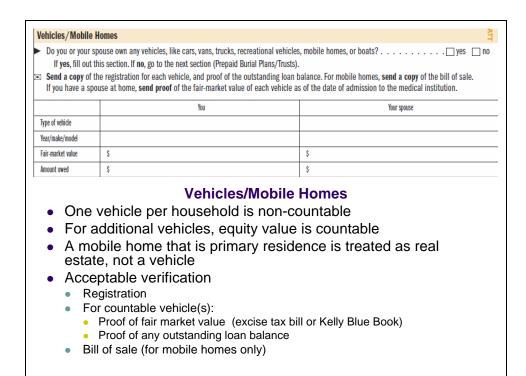


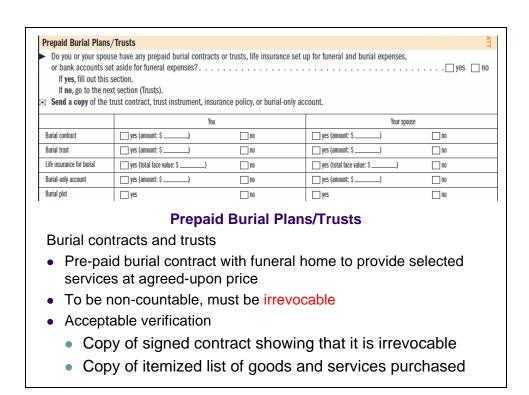
 Have you, your spouse, or someone acting on your behalf given a deposit to any health-care or residential facility, like an assisted-living facility, a continuing-care retirement community, or life-care community?					
Name of facility Address of facility Amount of deposit Date deposit given to facility					

Assisted Living

- Provide copy of contract with facility
- Include verification of deposit amount (if any) and terms of contract, explaining how deposit is to be handled upon discharge

Real Estate		2
► Do you or your spouse own or have a legal interes		_· _
Do you or your spouse own or have a legal interes	t in any real estate other than your primary re	
If you answered yes to any of these questions, fil If no , go to the next section (Vehicles/Mobile Ho		
Send a copy of the deed(s), current tax bill(s), and	,	d.
Address:	Type of property:	Current value: \$
Address:	Type of property:	Current value: \$
	Real Estate	
 Primary residence is 	non-countable if equi	ty value <\$750,000
• Include property in wh	nich applicant has ret	ained a life estate
Acceptable verification	n	
Deed,		
Tax bill (showing	current property va	alue)
, ,	y amount owed (e.g	•





Prepaid Burial Plans/Trusts

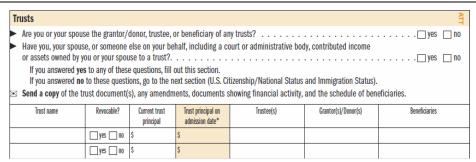


Burial Accounts

- Separate account reserved for burial expenses only
- Must be in applicant's/spouse's name
- Allowed one per individual
- Cannot exceed \$1500 (other than accrued interest)
- Cannot use funds for any purpose other than applicant's burial expenses
- If funds withdrawn for any purpose other than burial expenses, entire balance of account will be countable
- Acceptable verification
 - Copy of bank statements/passbook
 - Show account holder's name; typically named "Burial Account for..."

Life Incurance

- Instead of burial account, applicant can also designate a life insurance policy for burial expenses only. Face value may not exceed \$1500.
 - Acceptable verification
 - · Proof of policy's face value
 - Signed affidavit from applicant that policy is reserved for burial expenses only and will not be used for any other purpose



Trusts

- May be countable or non-countable
 - Based on terms of trust and applicant's access to funds
 - Often determined by MassHealth legal department
- For questions regarding trusts, refer client to elder law attorney
- Acceptable verification
 - Copy of full trust document
 - Schedule of beneficiaries
 - Financial records of assets held in trust
- Includes real estate trusts

Citizenship/Immigration Status



Names.				
if we, go to the next question.				
a me, go or one triest deviation.				
 3. Are you or your spouse a victim of o 				
If yes, list names and go to the next	section called "All out this section	s ONLY If you are a member of a min	med snaple living a	up you show
Bonar				
- Automatic				
If we, you must fill out the rest of the	s page (Immigration Status).			
	s page (Immigration Status).			
Immigration Status				8
		ince entering the U.S.		ę.
Immigration Status List all immigration statusus that have	a applied to you or your spouse o			8
Immigration Status List all immigration statuses that have id Send copies of both sides of all immigration.	e applied to you ar your spouns o	s that show immigration status).		8
Immigration Status List all immigration statuses that have id Seed capies of both sides of all immigration. Note: If you and your spouse are applying	e applied to you ar your spouse o gration cards (or other document for only MassHealth Limited or th	s that show immigration status). e Health Safety Net, you do not have		
Immigration Status List all immigration statuses that have id Send caples of both sides of all immigration id Send caples and your apone are applying will not match your names with any other	e applied to you ar your spease o gration cards (or other documen for only MassHealth Limited or th agency including the Department	to that show immigration status). Health Safety Net, you do not have of Homeland Security (DHS), You do		
Immigration Status List all immigration statuses that have id Seed capies of both sides of all immigration. Note: If you and your spouse are applying	e applied to you ar your spease o gration cards (or other documen for only MassHealth Limited or th agency including the Department	to that show immigration status). Health Safety Net, you do not have of Homeland Security (DHS), You do		
Immigration Status List all immigration statuses that have id Seed copies of both sides of all immigration id Seed copies and your spoons are applying will not match your names with any other	o applied to you aryour spouse o gretien cents for other documen for only Massificatis Limited or th agency including the Department sollewith Limited pays for emerge	to that show immigration status). Health Safety Net, you do not have of Homeland Security (DHS), You do		
Immigration Status List all immigration statement that have id Send explor of both sides of all immigration statement and immigration are explored, and in minimum and in a statement of the statement of the statement of the statement of your immigration status. May take these codes to describe your immigration status. May these codes to describe your immigration status.	e applied to you ar your spouse or gration cards (or other document for only Massificatin Limited or th agency including the Department call-eath Limited pays for energi- doer status in the chart below.	is that show immigration status), e Health Safety Net, you do not have of Hameland Security (DHS). You do not services only.	not have to list you	r names on this page or
Immigration Status Intelligence Status Intelligence Status that have I seed capies of both sides of all inni- Moter. If you and your apouns are applying will not match your rannes will are other ased groof of your immigration status. Ma- Use these codes to describe your immigra 4. A revenue advisted pressure to Section.	e applied to you ar your spouse or gration cards (or other document for only Massificatin Limited or the agency including the Department residently Limited pays for energi- door status in the chart below. 5. Deportation withheld	o that show immigration status). a Health Spliny Not, you do not have of Homeland Security (DRS). You do ney sentices only. 11. Grentel pentie	not have to list you	r names on this page or
Immigration Status Intel all immigration statuses that have is Seed capies of both sides of all immigration statuses that it was idented by our only year oppose are applying with our marks with are other land point of your immigration status. But the three codes to describe your immigra id. American admitted parament to Section Seed or Practice to 100 (20)	e applied to you ar your spouse or gration cards (or other document for only Massificatin Limited or th agency including the Department call-eath Limited pays for energi- doer status in the chart below.	is that show immigration status), or Health Safety Net, you do not have of Romeland Security (DMS). You do not services only. 11. Service parele. 12. Service parele. 12. Respine	not have to list you (4. Person result (PROCOLL in	r names on this page or ing under color of law during temporary protested
Immigration Status Int all immigration statues that has it Seed capies of both sides of all immig- sides of both sides of all immig- sides of speed capies at purpose are applying will not much your cannot ship and will not much your cannot ship our capies, fall but the code in Security your immigration folion. An office there capies on the company Les there codes in Security your immigration Self of Admit Lee 100-200 Self of Admit Lee 100-200 Conditional emisst Conditional emisst	e applied to you ar your spouse o gration cards (or other document for only Massifeath Limited or in agency including the Department for status in the chart feelow. 8. Department without 15 Market Sentence with at least 15 Market Sentence with at least 50% American later based.	o that show immigration status). a Health Spliny Not, you do not have of Homeland Security (DRS). You do ney sentices only. 11. Grentel pentie	(A. Person mode (PRICOL), in status and sq (S. Votan of see	r names on this page or ing under color of low muting temporary protected goldent assium on terms of softling
Immigration Status List all immigration statueur that have is Seed suples at both sides of all immigration febra: If you and your spoon as appointing will not match your rannes with any other send pand of your immigration status. Ma Use there codes to describe your immigrat A demonstrate pathology your immigrat sides in adult of your immigration sides sides in adu	o applied to you are your spourse or gration careful for other document for only Massivastin Limited or in agency including the Department Askestin Limited pays for emergin dates status in the Land below. 8. Experience with the 9. Large personner section 10. State America with a sec	is that show immigration status), or Health Safety Net, you do not have of Romeland Security (DMS). You do not services only. 11. Service parele. 12. Service parele. 12. Respine	14. Person musti (PRICOL), in status and a 15. Victim of see 16. logs Serious	r names on this page or ing under color of low making temporary perfective plicant asplan or terms of safficient investigant.
Immigration Status Int all immigration statues that has it Seed capies of both sides of all immig- sides of both sides of all immig- sides of speed capies at purpose are applying will not much your cannot ship and will not much your cannot ship our capies, fall but the code in Security your immigration folion. An office there capies on the company Les there codes in Security your immigration Self of Admit Lee 100-200 Self of Admit Lee 100-200 Conditional emisst Conditional emisst	e applied to you ar your spouse o gration cards (or other document for only Massifeath Limited or in agency including the Department for status in the chart feelow. 8. Department without 15 Market Sentence with at least 15 Market Sentence with at least 50% American later based.	is that show immigration status), or Health Safety Net, you do not have of Romeland Security (DMS). You do not services only. 11. Service parele. 12. Service parele. 12. Respine	(A. Person mode (PRICOL), in status and sq (S. Votan of see	r names on this page or ing under color of low making temporary perfective plicant asplan or terms of safficient investigant.
Immigration States I fel all immigration statement that have it Seed captes of both sides of all immig- sides of seed captes of both sides of all immig- sides of seed captes of both sides of seed captes will not much soon cannot see appoint will not much soon cannot see appoint will not much soon cannot see appoint will be there codes to security year immigrat 4. American stimited pursuant to Section Self of Admit Lee 100-201 Conditional emisst Conditional emisst Conditional emisst	e applied to you ar your spouse o gration cards (or other document for only Massifeath Limited or in agency including the Department for status in the chart feelow. 8. Department without 15 Market Sentence with at least 15 Market Sentence with at least 50% American later based.	is that show immigration status), or Health Safety Net, you do not have of Romeland Security (DMS). You do not services only. 11. Service parele. 12. Service parele. 12. Respine	14. Person musti (PRICOL), in status and a 15. Victim of see 16. logs Serious	r names on this page or ing under color of low making temporary perfective plicant asplan or terms of safficient investigant.
immigration States I stall all immigration categors that have it Seed explice of both histor of all inore it Seed explice of both histor of all inore its part and your opens are applying all not hand your areas with may that and provid by one immigration state, all the three codes to better your immigration state, all the three codes to better your immigration 4. American smithal pursuant to liestin 5. Committee immigration 5. Committee immigration 7. Constitute immigration 7. Constitute immigration 7. Constitute immigration 8. Constitute immigration 8. Constitute immigration 8. Constitute immigration 8. Constitute immigration 9. Constitute immigration 9. Constitute immigration 9. Constitute immigration 10. Constitute immigration 10	o applied to you are your spouse or gration can'ts (or other document for only Massivastin Limited or or advance suckande for Department schleidth Limited pays, for emerge date status withing S. Department without 1.0 Sugit personant matter 1.0 Sugit enemant matter 1.0 Sugit enemant matter 1.0 Sugit enemant matter 5.0 Subsection indice broad how in Cenals.	s that show immigration status). In Health Safing Nat, you do not have of Humeland Security (SHG). You do explanetions only. 11. Counted pusite 12. Shalpin 13. Preson with a water vest other	14. Person moth pRICOLL in status and a 15. Votan of see 16. Iour Special 17. Algien Special	r names on this page or ing under color of low studing temporary protested options assism on the color of temporary foreigners.
immigration States I stall all immigration categors that have it Seed explice of both histor of all inore it Seed explice of both histor of all inore its part and your opens are applying all not hand your areas with may that and provid by one immigration state, all the three codes to better your immigration state, all the three codes to better your immigration 4. American smithal pursuant to liestin 5. Committee immigration 5. Committee immigration 7. Constitute immigration 7. Constitute immigration 7. Constitute immigration 8. Constitute immigration 8. Constitute immigration 8. Constitute immigration 8. Constitute immigration 9. Constitute immigration 9. Constitute immigration 9. Constitute immigration 10. Constitute immigration 10	o applied to you are your spouse or gration can'ts (or other document for only Massivastin Limited or or advance suckande for Department schleidth Limited pays, for emerge date status withing S. Department without 1.0 Sugit personant matter 1.0 Sugit enemant matter 1.0 Sugit enemant matter 1.0 Sugit enemant matter 5.0 Subsection indice broad how in Cenals.	s that show immigration status). In Health Safing Nat, you do not have of Humeland Security (SHG). You do explanetions only. 11. Counted pusite 12. Shalpin 13. Preson with a water vest other	14. Person moth pRICOLL in status and a 15. Votan of see 16. Iour Special 17. Algien Special	r names on this page or ing under color of low studing temporary protested options assism on the color of temporary foreigners.

- Complete this section only if noncitizen
- Used to determine category of immigration status
- Eligibility for different coverage types varies depending on citizenship/immigration status

Citizenship and Identity Verification

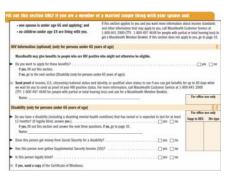


- Social Security, Medicare, SSDI, or SSI recipients do not have to verify citizenship and identity
- Otherwise, typical verifications include:
 - U.S. Passport
 - Certificate of Naturalization
 - U.S. birth certificate AND photo ID (driver's license/state ID)
 - Other forms of verification described in MassHealth and You guide

Immigration Status Verification



- Can include:
 - Legal Permanent Resident Card
 - I-94 form
 - I-551 form
 - Employment Authorization Card
 - Other official written documentation from DHS
- For legal permanent residents who have held that status for < 5 years, it is especially important to complete the U.S. Entry Date





- Complete only if married and:
 - One spouse is <65 and applying, and
 - Not the guardian of a child <19
- Used to determine eligibility of spouse <65 for HIV and disability benefits
- Acceptable verification
 - HIV
 - Letter from medical provider stating diagnosis
 - Disability
 - If not receiving SSDI, complete MassHealth Adult Disability Supplement

Signature Page



- This is a explaint for Nacohalis, Communication Care, and the Build heldy but.

 No, was spean, and you are difficult representation must read the jape are shell, the right and date it is the white.

 The property of the common and the common an
- Only requires one signature
- If signed by someone other than applicant or spouse, must provide Eligibility Representative Designation form for that person

Applying for Specialized Benefits



- A. CommonHealth
- B. Personal Care Attendant Services
- c. Home and Community Based Services (Frail Elder) Waiver
- D. SCO/PACE
- E. Nursing Home Care

A. CommonHealth

- Complete Medical Benefit Request form
- For working 65+ individuals who can document a disability prior to turning 65
- No asset limit
- Must work at least 40 hours per month
- Verification:
 - Paystubs (must show hrs)
 - Signed letter from employer stating gross pay and number of hours worked



B. PCA Services



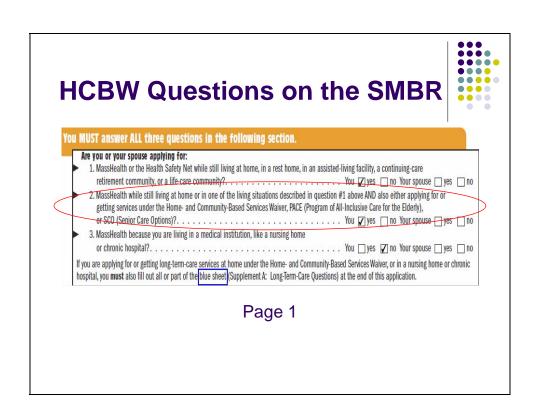
- Complete SMBR
- Complete Personal-Care Attendant Supplement
- To be clinically eligible, must need help with at least 2 "activities of daily living"
- If approved, must register with an approved PCA service provider within 90 days of approval



C. Home and Community Based Services Waiver



- Formerly known as Frail Elder Waiver
- Complete SMBR, even if <65
- Complete Resource Transfers section of Long Term Care supplement
- ASAP must submit notification of clinical eligibility



HCBW Questions on the SMBR



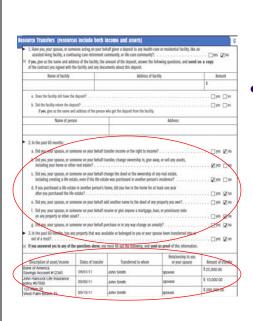


For office use only
Head of household/applicant name:
Head of household/applicant SSN:

Picase print clearly. Answer all questions and fill out all sections. If you need more space to finish any section, please use a separate sheet of pape (include your name and social security number), and attach it to this supplement.

Supplement A: Long-Term Care Questions

- Complete first 2 questions and "Resource Transfers" section only
- Use to identify assets that are being transferred from applicant to spouse





- Provide verification of transfers
 - Account statement showing change of account owner
 - Letter from life insurance company indicating change of policy owner
 - Copy of recorded deed for any countable real estate

Clinical Eligibility for HCBW



- Nurse from ASAP determines clinical eligibility
- Enrollment coordinated between ASAP case manager and MassHealth
- Must be considered "nursing home eligible"

D. SCO/PACE



- Senior Care Options
- Program of All-inclusive Care for the Elderly
- Complete SMBR
- Not required to complete Supplement A: Long-Term-Care Questions
- Clinical eligibility screening by ASAPs required if member is over income for MH Standard
- Applications submitted through SCO/PACE agency

E. Nursing Home Care

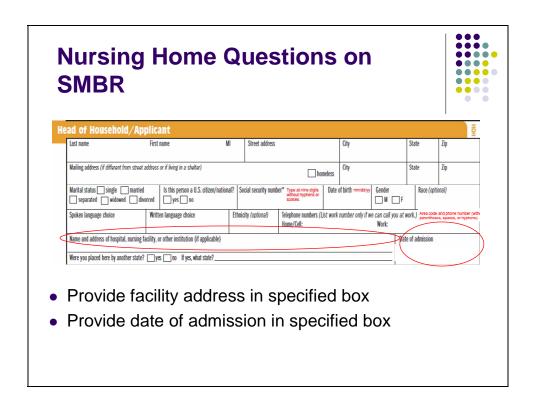


- Complete SMBR, even if <65
- If <65 and not receiving SSDI, must also complete MassHealth Adult Disability Supplement
- Complete Supplement A: Long-Term-Care Questions
- Clinical eligibility screening performed by ASAP

Nursing Home Application Timeframe

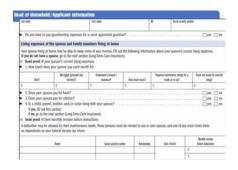


- Application sent to MEC corresponding to city/town in which nursing facility is located
- Application assigned to case worker
- Within 5 days of case assignment, Information Request mailed
- Usually requires more extensive verification
- Deadline for Information Request is 30 days from notice
- A decision must be made within 45 days of case assignment



Supplement A: Long-Term-Care Questions





- Used to identify deductions from Patient Pay Amount (PPA)
- Spousal Maintenance Needs Allowance (SMNA) and FMNA deducted from PPA
- Some of spouse's or dependents' living expenses used to calculate SMNA/FMNA

Acceptable Verification of Spouse's Living Expenses



Expense	Verification	
Rent	Rent receipt Cancelled check Lease	
Mortgage	Mortgage statement	
Homeowner's/Tenant's Insurance	Current annual premium bill	
Real Estate Taxes	Past 12 months of tax bills	
Condo/Co-op Fee	Statement from condo association	
Assisted Living Room and Board	Assisted Living contract or letter from facility stating amount for Room and Board only	

Supplement A: Long-Term-Care Questions





- Payments from a long term care insurance policy is countable income when determining PPA
- Verify by providing copy of policy showing:
 - Amount of monthly payment
 - Duration of payments

Supplement A: Long-Term-Care Questions





- Determines if real estate is countable
- Determines if lien should be placed

Real Estate: Countable or Non-Countable



- For nursing home applicants, whether or not their real estate is a countable asset can become complicated
- In general, real estate is a countable asset unless applicant:
 - intends to return home
 - has a spouse living in the home
 - has a child under 21 living in the home
 - has a blind or disabled child in the home
 - signs an Agreement to Sell Property Form and lists property on the market
 - business property

Tax Returns Did you or your spouse file U.S. income tax returns in the last two years? (Check one.) yes, both years yes, one of these years no, neither year If yes, you must send copies of these returns. If you did not keep copies of one or more of these returns, you must send in a filled-out and signed Form 4506. Form 4506 is included as part of the Long-Term-Care Supplement if you need to use it. Applicants should provide copies of any federal tax returns they have filed in the past 2 years If these documents are not available, can complete a Form 4506 Form 4506 should be sent to MassHealth Gives MassHealth permission to request tax returns from IRS

Resource Transfers





- Identifies transfers of assets or income
- "Look-back" period of 5 years
- Transfers of less than fair market value in the previous 5 yrs can result in a disqualification period
- Assisted living- provide documentation of deposit amount and how deposit is to be used

Releases



- In order for a MEC worker or Customer Service Rep. to share case-specific information, an active release must be on file
- 2 types of releases—Permission to Share Information (PSI) and Eligibility Representative Designation (ERD)
- If you complete a release you will receive copies of all eligibility letters sent to member

Permission to Share Information



Section 1: Name of MassHealth Applicant or Member	 information about the status of my disability determination and notices about my disability determinations. (Check this box only if you have submitted a MassHealth Disability Supplement and are 	I am giving MassHealth my permission to share the information listed in Section 2 because:	
Permission is given for MassHealth and its representatives	waiting for a determination of your disability.)		
to share information listed in Section 2 about:	 only the following information (please be specific): 	Section 5: End of Permission	
(Name of applicant or member whose information is to be shared)		This Permission to Share Information is good until:	
Address:	By giving MassHealth this permission to share information, are you also giving MassHealth permission to share any drug and alcohol treatment information it has about the applicant or member?	If you do not put a specific end date, this permission will end 12 months from the date we get this form.	
Date of birth:/	☐ Yes, share drug and alcohol treatment information.	Section 6: Signature	
Telephone number:	 No, do not share drug and alcohol treatment information. 	understand that:	
Social security number: with the person or organization listed in Section 3.	Section 3: Whom Do You Want Us to Share Information With?	 when the person or organization named in Section 3 gets this information from MassHealth, that person or organization may be able to share it with others without 	
Please Note: The applicant's or member's social security number is required if one has been issued, unless he or	List the name of ONLY ONE person or organization in this section. You must fill out another PSI Form if you want to	my permission. If they do so, federal and state privacy laws may not protect the information;	
she is applying for or getting only MassHealth Limited, Children's Medical Security Plan (CMSP), or Healthy Start benefits.	name more than one person or organization. MassHealth may share the information listed in Section 2 with:	 I need to send this PSI Form to the MassHealth Enrollment Center (MEC) (listed on the back of this for closest to where I live; 	
Section 2: What Information Do You Want	Name of person or organization;	 I may cancel this permission at any time by sending a letter to: 	
Check the box or boxes that apply. Please read carefully. I am giving MassHealth permission to share:	In care of (name of person in organization to whom mail should be sent);	MassHealth Privacy and Security Office 600 Washington Street Boston, MA 02111;	
eligibility notices and information about eligibility for, and access to, Massitealth benefits with the person or organization listed in Section 3. (Check this box only if you want the person or organization	Address:	 if I cancel this permission, MassHealth cannot take back any information that it shared when it had my permissi to do so; 	
in Section 3 to be able to contact MassHealth to get eligibility information and copies of your eligibility notices.)	Telephone number:	 if I do not give MassHealth permission to share information, or if I cancel my permission to share information with the person or organization named in Section 3, the applicant's or member's MassHealth 	
Please Note: Eligibility notices include information about all members of a household. If you check this box, a separate PSI form must be submitted and signed by sed member of your household who is 18 years of age or older. If we do not get forms signed by each member of your household who is 18 years of age or older, we will not be able to honor your request.	Section 4: Why Do You Want Us to Share Your Information?	benefits will not be affected in any way; and	
	Tell us why you want to share the information listed in	 in certain circumstances, MassHealth may not honor m request to share information. 	
	Section 2. If you do not want to list reasons, write: "at my request." If you leave this section blank, we will assume you mean "at my request."	Signature of applicant/member;	
		Date: / /	

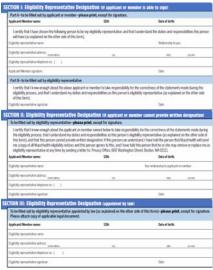
Permission to Share Information



- Most appropriate type of release for SHINE counselors
- Allows MassHealth to give you case-specific information regarding eligibility
- Does not give authorized party the power to make changes/updates to member's case
- Suggest completing a "blanket" form for your SHINE region and not for a specific counselor
- Has a termination date
 - If no end date provided, defaults to 1 yr

Eligibility Representative Designation





Eligibility Representative Designation



- Most appropriate for a child, caretaker, guardian, etc.
- Not necessary for spouse.
- Only complete section 1, 2, or 3 depending on circumstances
- Allows authorized party to receive info from MH, make changes/updates to case, and sign forms on member's behalf
- Expires in 18 months

Where do I send the application?



• First time application and corresponding verifications:

Central Processing Unit P.O. Box 290794

Charlestown, MA 02129

Fax: 617-887-8799

• Renewal applications and all other verifications:

MassHealth Enrollment Center

P.O. Box 1231

Taunton, MA 02780

Fax: 617-887-8777

- · Nursing Home applications:
 - Send to street address of MEC corresponding to the city/town in which the facility is located

III. Follow-up

Information Requests



- Sometimes called VC, VC-1, or VC-T letters
- Despite your best efforts, many times a client will receive an information request for further verifications
- These requests should state the missing verifications and provide some information on how to verify
- 30 day deadline to provide verifications
- Due to processing delays, advise clients to respond to information requests as early as possible

Information Requests



- If possible, attach a copy of the Information Request to the verifications
- Clients should write their name and DOB or MassHealth ID number on each page
- Again, banks cannot legally charge seniors for documents requested by MassHealth

Contacting the MECs



- Depending on the telephone option pressed or the current call volume, calls may be diverted to Customer Service or a different MEC
- Each MEC has scheduled "call-free" days on which their calls are diverted to different MECs
- All MECs can now view applications/verifications regardless of which MEC the case belongs to (except for nursing home cases)
- Given MassHealth's current case volume and staffing limitations, it can be difficult to reach the MECs by phone
 - If possible, use My Accounts Page or the automated telephone system instead

The Decision



- MassHealth is required to evaluate eligibility for all programs
- As a result, decision letters can be lengthy
- Encourage clients to read the entire letter
- Every decision letter includes a form and instructions for filing a fair hearing (appeal)

IV. Other Tips



Appeals



- When should I appeal?
 - If you believe you received an incorrect eligibility decision
 - If you were terminated for missing verifications that were provided before deadline
 - If you were terminated for failure to return eligibility review that was provided before deadline
- Why should I appeal?
 - To receive the right coverage with the right start date
 - To prevent a wrongful termination of previous benefits
 - If an appeal is filed within 10 days of decision, the Board of Hearings will protect the member's previous coverage until the appeal date

Changes of Address



- Stress to clients that changes of address should be reported to MassHealth
- Cases often close because eligibility reviews and information requests are sent to old addresses
- Should not rely on change of addresses filed with the post office to be conveyed to MassHealth

Emergency Situations



- If a processing delay is preventing a member from accessing services in an emergency situation or from filling a prescription, a MEC worker should be notified
- In these cases, the MECs have procedures to expedite processing
- Do not request expedited processing in writing. It should be done over the phone or in person at the MEC.

Retroactive Coverage



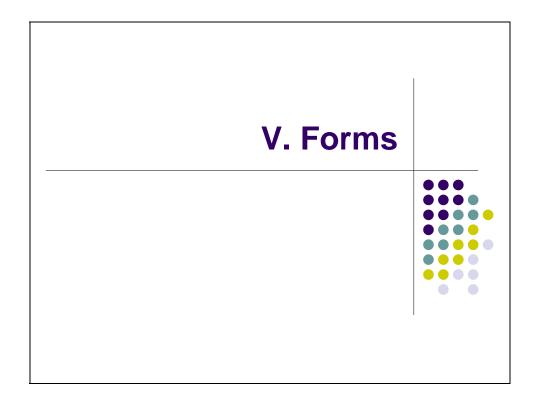
- Members 65+ or in a nursing home can request retroactive benefits up to 3 months from date of application
- Should be indicated on page 1 of SMBR
- Will need to provide income and asset verifications for requested retroactive period to ensure that member was eligible then





Never tell clients they will or will not be approved for benefits.

Only MassHealth can make that decision!



MassHealth Application Checklist

This checklist is intended for use by SHINE clients who are applying for MassHealth. It includes some of the most common verifications requested of MassHealth applicants who are 65 years or older. Keep in mind that MassHealth may request additional documentation, but providing as much of the following information as possible could decrease the amount of time it takes to receive a decision.

	<u>For U.S. citizens:</u> copy of U.S. passport, U.S. birth certificate, or Certificate of Naturalization (unless receiving Social Security benefits)
	For U.S. citizens: Copy of driver's license, state identification card, or other government-issued photo identification (unless receiving Social Security
_	benefits)
	For non-citizens: Copy of legal permanent resident card, work authorization
_	card, I-94 form, or visa (unless receiving Social Security benefits)
	Copy of Medicare Card
	Copy of any other medical insurance, dental insurance, or vision insurance cards (both sides)
	Proof of all GROSS income, such as 2 recent paystubs, pension stub,
	unemployment stub, etc. (not including Social Security benefits)
	If applicant/spouse own a rental property:
	☐ Proof of rent amount, such as statement from tenant(s) or current lease
	☐ 12 months of mortgage statements
	☐ 12 months of property tax bills
	☐ 12 months of utility bills, if paid by landlord
	☐ 12 months of water/sewer bills, if paid by landlord
	☐ Current homeowner's insurance statement
	☐ Copies of bills/invoices for any repairs and maintenance in past 12 mos.
	☐ Verification of co-op or condo fee
	Copy of most recent account statements for all bank accounts, including
	certificate of deposits and burial accounts
	Copy of recent account statements for any other investment accounts
	Copy of deed and current tax bill for all real estate
	Copy of registration and proof of amount owed for all vehicles
	Verification of life insurance face value and current cash surrender value
	Copy of any pre-paid burial contracts with itemized list of goods and services
	purchased





minor child, an eligibility representative, or a legal guardian). applicant/member (such as the parent of a the legal authority to act on behalf of the is being filled out by someone who has Fill out the following section if this form

Print name of person filling out this form:

Signature of person filling out this form:

Date:

Address:

Telephone number:

on behalf of the applicant/member: *Authority of person filling out this form to act

of attorney or health-care proxy, a copy of guardian or conservator, or who has power attached. the applicable legal document must be who has been appointed by a court as a legal *If this form is being filled out by someone

to Share Information (PSI) Form to the MassHealth Enrollment Center (MEC) closest Send the filled-out MassHealth Permission

Revere, MA 02151 300 Ocean Ave. Springfield, MA 01103 333 Bridge St. Springfield MEC

Suite 4000

Revere MEC

Tewksbury, MA 01876 Tewksbury MEC 367 East St.

Suite 4

Taunton, MA 02780

21 Spring St. Taunton MEC

Share Information (PSI) Form MassHealth Permission to

the information we have about you with another person or organization, such as: Use this form if you want MassHealth to share

- a family member, friend, or other relative;
- you; someone who helps take care of
- someone who helps you fill out MassHealth forms; or
- a social worker, lawyer, or health-care advocacy group.

Do not use this form if you want:

- information about yourself
- information about your children under age 18 (You can usually get this without filling out any forms.); or
- about your MassHealth eligibility and care provider can get information your eligibility and payment without you filling out any forms.) payment for services provided to you health-care provider. (Your healthinformation to be shared with your

completely. Please print clearly. fill out this form, you must fill out all sections Important: If you decide that you do need to

Section 1: Name of MassHealth Applicant or Member

Permission is given for MassHealth and its representatives to share information listed in **Section 2** about:

Date of hirth:	Address:	(Name of applicant or member whose information is to be shared)
		mation is to

with the person or organization listed in Section 3.

Social security number:

Telephone number:

Please Note: The applicant's or member's social security number is required if one has been issued, unless he or she is applying for or getting only MassHealth Limited, Children's Medical Security Plan (CMSP), or Healthy Start benefits.

Section 2: What Information Do You Want Shared?

Check the box or boxes that apply. Please read carefully.

I am giving MassHealth permission to share:

eligibility notices and information about eligibility for, and access to, MassHealth benefits with the person or organization listed in Section 3. (Check this box only if you want the person or organization in Section 3 to be able to contact MassHealth to get eligibility information and copies of your eligibility notices.)

Please Note: Eligibility notices include information about all members of a household. If you check this box, a separate PSI Form must be submitted and signed by each member of your household who is 18 years of age or older. If we do not get forms signed by each member of your household who is 18 years of age or older, we will not be able to honor your request.

waiting for a determination of your disability.)	submitted a MassHealth Disability Supplement and are	determinations. (Check this box only if you have	determination and notices about my disability	information about the status of my disability

	-
	-
	-
	-
	-
- 1	-
	-
	-
	Ε
	E
	1
	Па
	II
	III
	III
	Hatt
	matic
	matio
	mation
	Hatton
	nation
	nation
	nation
	nation
	mation (
	nation (P
	nation (p
	nation (bi
	nation (pr
	nation (pre
	mation (pre
	nation (pres
	nation (pred
	nation (prea
	mation (preas
	nation (pleas
	nation (prease
	nation (please
	nation (please
	nation (please
	nation (please i
	nation (please b
	nation (please by
	nation (please be
	nation (please be s
	nation (please be s
	nation (please be s
	mation (please be sp
	mation (please be sp
	mation (please be spe
	mation (please be spe
	mation (please be spec
	nation (please be spec
	mation (please be speci
	mation (prease be speci
	mation (please be specif
	mation (prease be specifi
	mation (please be specifi
	mation (please be specific
	mation (please be specific
	mation (please be specific
	mation (please be specific):
	nation (please be specific):

By giving MassHealth this permission to share information, are you also giving MassHealth permission to share any drug and alcohol treatment information it has about the applicant or member?

- ☐ Yes, share drug and alcohol treatment information.
- No, do not share drug and alcohol treatment information.

Section 3: Whom Do You Want Us to Share Information With?

List the name of **ONLY ONE person or organization** in this section. You must fill out another PSI Form if you want to name more than one person or organization.

MassHealth may share the information listed in **Section 2** with:

Name of person or organization:

In care of (name of person in organization to whom mail should be sent):

Section 4: Why Do You Want Us to Share Your Information?

Tell us why you want to share the information listed in **Section 2**. If you do not want to list reasons, write: "at my request." If you leave this section blank, we will assume you mean "at my request."

I am giving MassHealth my permission to share the information listed in Section 2 because:

≠	S
Sil	ection 5
Pe	<u>.</u>
3	5
SS	
O	E
rhis Permission to Share Information is good u	End of Permissi
2	P
ar	ä
<u>e</u>	IIS.
nfo	9
i	-
at	
9	
5	
000	
bo	
=	

If you do not put a specific end date, this permission will end 12 months from the date we get this form.

ection 6
: Signature

I understand that:

- when the person or organization named in Section 3
 gets this information from MassHealth, that person or
 organization may be able to share it with others without
 my permission. If they do so, federal and state privacy
 laws may not protect the information;
- I need to send this PSI Form to the MassHealth Enrollment Center (MEC) (listed on the back of this form) dosest to where I live;
- I may cancel this permission at any time by sending a letter to:

MassHealth

Privacy and Security Office 600 Washington Street Boston, MA 02111;

- if I cancel this permission, MassHealth cannot take back any information that it shared when it had my permission to do so;
- if I do not give MassHealth permission to share information, or if I cancel my permission to share information with the person or organization named in **Section 3**, the applicant's or member's MassHealth benefits will not be affected in any way; and
- in certain circumstances, MassHealth may not honor my request to share information.

Signature of applicant/member:

Date:
/



Eligibility Representative Designation Form



What an eligibility representative does

You may choose an eligibility representative to help you with some or all of the responsibilities of applying for or getting health benefits (MassHealth, Commonwealth Care, the Children's Medical Security Plan, Healthy Start, and the Health Safety Net (formerly the Uncompensated Care Pool)). You can do this by filling out this form (the MassHealth Eligibility Representative Designation Form (ERD)). The person you choose must know enough about you to take responsibility for the correctness of the statements made during the eligibility process. An eligibility representative may fill out your application or eligibility review form and other MassHealth eligibility forms, give proof of information given on these eligibility forms, report changes in your income, address, or other circumstances, and get copies of all MassHealth eligibility notices sent to you.

Under MassHealth regulations 130 CMR 516.007, MassHealth is allowed to send a copy of all applicant and member eligibility notices to the applicant's or member's institution where he or she is living, and to his or her spouse who is living at home, without an ERD being filled out.

Who can be an eligibility representative

An eligibility representative can be a friend, family member, relative, or other person who has a concern for your well-being and who agrees to help you. An eligibility representative is a person you choose. MassHealth will not choose an eligibility representative for you. You must designate in writing on this form (please fill out Section I, Part A) the person you want to be your eligibility representative. Your eligibility representative must also fill out Section I, Part B.

If, because of a mental or physical condition, you cannot designate in writing an eligibility representative, a person who is acting responsibly on your behalf can be your eligibility representative if that person certifies, by filling out **Section II**, that you are not able to provide a written designation, and that he or she is acting responsibly on your behalf.

An eligibility representative can also be someone who has been appointed by law to act on your behalf or on behalf of your estate. This person must fill out **Section III**, and either you or this person must submit to MassHealth a copy of the applicable legal document stating that this person is lawfully representing you or your estate. This person may be a legal guardian, conservator, holder of power of attorney, or health-care proxy, or, if the applicant or member has died, the estate's administrator or executor. Depending on the wording of the legal appointment, this person may be able to help you or get information for you in other matters that do not apply only to your eligibility.

Please Note: The applicant's or member's social security number (SSN) is required if one has been issued, unless he or she is applying for or getting only MassHealth Limited, the Children's Medical Security Plan (CMSP), Healthy Start, or the Health Safety Net.

How an eligibility representative designation ends

A Section I or II eligibility representative's designation ends 18 months after the date he or she signs this form. To designate this person again, or to designate another person as your eligibility representative, you must submit a new ERD. A Section III eligibility representative's designation ends when his or her legal appointment ends. If at some time during the 18-month period you no longer want this person to be your eligibility representative, you must send a letter stating this to: Privacy Office, 600 Washington Street, Boston, MA 02111.

Where to send this form

If you are applying for health benefits, send your filled-out ERD with your application to the MassHealth Enrollment Center (MEC) listed on your application.

If you are already getting health benefits, send your filled-out ERD to the one MEC listed below that is closest to where you live.

MassHealth Enrollment Center 300 Ocean Avenue Suite 4000

Revere, MA 02151

MassHealth Enrollment Center 333 Bridge Street

Springfield, MA 01103

MassHealth Enrollment Center 21 Spring Street Suite 4

Taunton, MA 02780

MassHealth Enrollment Center 367 East Street

Tewksbury, MA 01876



SECTION I: Eligibility Representative Designation (If applicant or member is able to sign) Part A—to be filled out by applicant or member—please print, except for signature. SSN: Applicant/Member name: Date of birth: I certify that I have chosen the following person to be my eligibility representative, and that I understand the duties and responsibilities this person will have (as explained on the other side of this form). Eligibility representative name: Relationship to you: Eligibility representative address: street address state city zip code Eligibility representative telephone no.: (Applicant/Member signature: Date: Part B-to be filled out by eligibility representative I certify that I know enough about the above applicant or member to take responsibility for the correctness of the statements made during the eligibility process, and that I understand my duties and responsibilities as this person's eligibility representative (as explained on the other side of this form). Eligibility representative signature: Date: SECTION II: Eligibility Representative Designation (If applicant or member cannot provide written designation) To be filled out by eligibility representative—please print, except for signature. I certify that I know enough about the applicant or member named below to take responsibility for the correctness of the statements made during the eligibility process, that I understand my duties and responsibilities as this person's eligibility representative (as explained on the other side of this form), and that this person cannot provide written designation. If this person can understand, I have told the person that MassHealth will send me a copy of all MassHealth eligibility notices and this person agrees to this, and I have told this person that he or she may remove or replace me as eligibility representative at any time by sending a letter to: Privacy Office, 600 Washington Street, Boston, MA 02111. Applicant/Member name: SSN: Date of birth: Eligibility representative name: Your relationship to applicant or member: Eligibility representative address: city zip code Eligibility representative telephone no.: (Eligibility representative signature: Date: SECTION III: Eligibility Representative Designation (appointed by law) To be filled out by eligibility representative appointed by law (as explained on the other side of this form)—please print, except for signature. Please attach copy of applicable legal document. Applicant/Member name: SSN: Date of birth: Eligibility representative name: Eligibility representative address: zip code city Eligibility representative telephone no.: () Eligibility representative signature: Date:

U.S. Citizenship/National Status and Identity Requirements for MassHealth/Commonwealth Care Effective 7/1/06 from the Federal Deficit Reduction Act of 2005

Proof of both U.S. Citizenship/National Status and Identity*

* Exception: Seniors and disabled persons who get or can get Medicare or Supplemental Security Income (SSI), or disabled persons who get Social Security Disability (SSDI) do NOT have to give proof of their U.S. citizenship/national status and identity. A child born to a mother who was getting MassHealth on the date of the child's birth does not have to give proof of U.S. citizenship/national status and identity.

The following FIRST-LEVEL DOCUMENTS may be accepted as proof of BOTH U.S. citizenship/national status AND identity. (No other documentation is required.) Individuals born outside the U.S. who were not U.S. citizens/nationals at birth must submit first-level documents or appropriate second-level documents (where applicable for a birth abroad) or, if such documents are not available, affidavits of citizenship. Adopted children born outside the U.S. may establish citizenship under the Child Citizenship Act.

- 1. a U.S. passport; or
- 2. a Certificate of Naturalization (DHS Form N-550 or N-570); or
- 3. a Certificate of U.S. Citizenship (DHS Form N-560 or N-561); or
- 4. a document issued by a federally recognized American Indian tribe showing membership or enrollment in, or affiliation with, such tribe.



Proof of U.S. Citizenship/National Status Only

PLUS

Proof of Identity Only

(Submit documentation from the highest level possible!)

The following SECOND-LEVEL DOCUMENTS may be accepted as proof of U.S. citizenship/national status only.

- A U.S. public record of birth (including the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam (on or after April 10, 1899), the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island, or the Northern Mariana Islands (after November 4, 1986). The individual may also be collectively naturalized under federal regulations. The birth record must have been recorded within 5 years of birth.
- A Report of Birth Abroad of a U.S. Citizen (Form FS-545, Form FS-240, or Form DS-1350)
- A U.S. Citizen ID card (INS Form I-197 or I-179)
- An American Indian Card (I-872 with the classification code KIC) issued by the Department
 of Homeland Security (DHS) to identify U.S. citizen members of the Texas Band of Kickapoos living near
 the U.S./Mexican border
- Final adoption decree showing the child's name and U.S. place of birth (if adoption is not finalized, a statement from a state-approved adoption agency)
- Evidence of U.S. civil service employment before June 1, 1976
- · An official military record showing a U.S. place of birth
- A Northern Mariana Identification Card (I-873) issued by the INS to a collectively naturalized citizen of the United States who was born in the Northern Mariana Islands before November 4, 1986
- · Documentary evidence under the Child Citizenship Act for adopted children born outside the U.S.

The following THIRD-LEVEL DOCUMENTS may be accepted as proof of U.S. citizenship/national status only.

- Extract of U.S. hospital record of birth on hospital letterhead established at the time of the person's
 birth that was created 5 years before the initial application date and that indicates a U.S. place of birth.
 For children under age 16, the hospital record must have been created near the time of birth or 5 years
 before the application date. A souvenir birth certificate is not acceptable.
- Life, health, or other insurance record showing a U.S. place of birth that was created at least 5 years before the initial application date that indicates a U.S. place of birth. For children under age 16, the document must have been created near the time of birth or 5 years before the application date.
- An official religious record recorded with the religious organization in the U.S. within 3 months of birth showing the birth occurred in the U.S. and showing either the date of birth or the individual's age at the time the record was made. Entries in a family bible are not considered religious records.
- · An early school record showing the child's name, U.S. place of birth, date of admission, and date of birth

The following FOURTH-LEVEL DOCUMENTS may be accepted as proof of U.S. citizenship/national status only.

- · Birth records recorded after the person turned age 5
- Federal or state census record showing U.S. citizenship or a U.S. place of birth and person's age
- Admission papers from a nursing home, skilled-care facility, or other institution that were created at least 5 years before the initial application date and that indicate a U.S. place of birth
- Medical (clinic, doctor, or hospital) record indicating a U.S. place of birth that was created at least 5
 years before the initial application date. For children under age 16, the medical record must have been
 created near the time of birth or 5 years before the application date.
- Other documents that show a U.S. place of birth that were created at least 5 years before the application
 for MassHealth (For children under age 16, the document must have been created near the time of birth
 or 5 years before the application date.); Seneca or Navajo Indian tribal census records, U.S. State
 Vital Statistics official notification of birth registration, an amended U.S. public birth record that was
 amended more than 5 years after the person's birth, a statement from a physician/midwife who was in
 attendance at the birth, or the Bureau of Indian Affairs Roll of Alaska Natives
- Written affidavit**

The following documents may be accepted as proof of identity only.

- A state driver's license containing the individual's photo or other identifying information
- A government-issued identity card containing the individual's photo or other identifying information
- Certificate of Indian Blood or other U.S. tribal document with photo or other identifying information
- 4. U.S. military card or draft record
- Three or more of the following documents, such as, marriage licenses, divorce decrees, high school diplomas, employer ID cards, and property deeds/titles (This documentation cannot be used if fourth-level documents were submitted as proof of U.S. citizenship/ national status.)
- School identity card with photo, except for children under age 16
- 7. Military dependent's identity card
- 8. U.S. Coast Guard Merchant Mariner card
- 9. For children under age 16: a clinic, doctor, or hospital record, or a school record, or a day-care or nursery school record that is verified with the school, or a parental, guardian, or caretaker relative affidavit attesting to the child's date and place of birth that is signed under penalty of perjury (cannot be used if an affidavit for citizenship/national status was provided). For children between the ages of 16 and 18, the affidavit can be used where a school photo ID or driver's license with photo is not available in that area until that age.
- 10. For disabled individuals in residentialcare facilities: an affidavit signed under penalty of perjury by the facility director or administrator when the disabled individual does not have or cannot get any identity document listed in 1 through 9 above.

^{**}Affidavits (written statements) of U.S. citizenship/national status should be used only in rare circumstances when the applicant or member is unable to provide evidence of U.S. citizenship/national status from any other source listed. Two affidavits must be submitted. One of the two affidavits must be from an individual who is not related to the applicant or member. Each individual providing an affidavit must have personal knowledge of the event(s) establishing the applicant's or member's claim of U.S. citizenship/national status; for example, the date and place of the applicant's birth in the United States, if applicable. The individuals providing the affidavits must also provide proof of both their own U.S. citizenship/national status and identity for the affidavit to be accepted. If these individuals also know why documentary evidence of the applicant's or member's claim of U.S. citizenship/national status cannot be provided, this should be included in the affidavit. The applicant or member (or other knowledgeable individual) must also provide a separate affidavit explaining why this evidence cannot be provided. Different requirements apply to affidavits of identity for children and institutionalized individuals.